

**State of Minnesota**County **District Court**Judicial District: Court File Number: Case Type: ☐ In Re the Marriage of:☐ In Re the Custody of:

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Name of Petitioner

and

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Name of Respondent**☐ Petitioner's    ☐ Respondent's  
Parenting / Financial Disclosure  
Statement**

(Minn. Gen. R. Prac. 305)

**1. Background Information****Petitioner****Respondent**

a. Full Name

b. Age

c. Years of Marriage  
(if applicable)d. Separation Date  
(if applicable)

e. Present Mailing Address

**2. Court Order(s) Prohibiting Contact**

a. Is there an existing court order between you and the other party? (check all that apply)

☐ Harassment Restraining Order (HRO)☐ Domestic Abuse Order for Protection (OFP)☐ No Contact Order☐ Other court order prohibiting contact with the other party: \_\_\_\_\_

- b. Have you been or are you now afraid of the other party? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

3. **Information Regarding The Minor Joint Children**

List the names, birth dates, and ages of the minor joint child(ren) of this legal action:

Full Name of Child	Birth Date	Age

- a. Do any of the minor joint children have special needs? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

- b. Is there an agreement regarding parenting time? ☐ Yes ☐ No

If yes, what is the parenting time arrangements for the child(ren)? \_\_\_\_\_

- c. Have you and the other party created a parenting plan? ☐ Yes ☐ No

- d. Is there an agreement regarding legal custody of the child(ren)? *Legal custody means having a right to participate in the major decisions regarding the child's life, including education, religious upbringing and medical treatment.*

☐ Yes ☐ No

If yes, what is the legal custody agreement? \_\_\_\_\_

- e. Is there an agreement regarding physical custody of the child(ren)? *Physical custody identifies who will handle the routine daily care and control of the child, and who the child will live with.*

☐ Yes ☐ No

If yes, what is the physical custody agreement? \_\_\_\_\_

- f. If you have other nonjoint children, list first and last initials of each nonjoint child's name, age and date of birth:

g. Is the wife now pregnant? ☐ NO ☐ YES, the due date is: \_\_\_\_\_ .(if applicable)

h. Please indicate the name of the agency used for complying with the education requirement and the date scheduled or attended: \_\_\_\_\_

4. **Employment and Income:**

a. Are you employed? ☐ Yes ☐ No

If yes, where? \_\_\_\_\_

Length of employment: \_\_\_\_\_

Monthly Income Received	Amount	Monthly Income Received	Amount
Salary and Wages (before deductions)	\$	Social Security Received (social security disability, retirement, survivors' benefit)	\$
Self-Employment	\$	Child's Derivative Social Security or Veteran's Benefits	\$
Unemployment Benefits	\$	Workers' Compensation	\$
Commissions - Average	\$	Pension or Annuity Payments	\$
Spousal Maintenance Received	\$	Military and Naval Retirement	\$
Bonus income - Average	\$	Other source of income (list source below)	\$
Supplemental Security (SSI)	\$		
Total monthly income received:			\$

b. Do you or the other party receive any child support for nonjoint children?

☐ Yes ☐ No

If Yes, state who receives it and how much per month: \_\_\_\_\_

c. Are you or the joint children currently receiving any form of **public assistance**?

☐ Yes (check all that apply) ☐ No

☐ Cash public assistance (MFIP) ☐ Food Stamps ☐ General Assistance

☐ Medical Assistance ☐ MinnesotaCare ☐ Child Care Subsidy

☐ Diversionary Work Program (DWP) ☐ TEFRA ☐ Other : \_\_\_\_\_

d. If you checked any boxes above in 4c above, did you serve the County Attorney's Office with a copy of your documents, as required? ☐ Yes ☐ No

e. If you are not working, what is your source of income or support? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## 5. Monthly Living Expenses

Expense Type	Cost	Monthly Income Received	Amount
Rent / Mortgage Payment	\$	Transportation (car payment, gasoline, bus, taxi)	\$
Contract for Deed / 2 <sup>nd</sup> Mortgage	\$	Medical and Dental Expenses (not covered by insurance)	\$
Homeowner's / Rental Insurance	\$	Cable TV / Internet	\$
Property Taxes (if not included in mortgage payment)	\$	Car Insurance	\$
Heating & Electric	\$	Clothing	\$
Food	\$	Other Spousal Maintenance payments	\$
Telephone / Cell Phone	\$	Other Child support payments	\$
Child Care Payments	\$	Other Miscellaneous payments	
<b>Total monthly expenses:</b>			\$

## 6. Monthly Withholdings:

- a. Federal Income Tax Deductions \$ \_\_\_\_\_
- b. State Tax Deductions: \$ \_\_\_\_\_
- Social Security (FICA) and Medicare \$ \_\_\_\_\_
- Retirement Contribution \$ \_\_\_\_\_
- Union Dues \$ \_\_\_\_\_
- Health Care / Medical \$ \_\_\_\_\_
- Dental Coverage \$ \_\_\_\_\_
- c. Other Paycheck Deductions (specify)
- \_\_\_\_\_ \$ \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_
- d. Subtotal Deductions \$ \_\_\_\_\_

- e. NET TAKE HOME PAY \$ \_\_\_\_\_
- f. Tax withholding figures above are based on Married/Single taxpayer status with what number of deductions? (Example: M-4 or S-2) \_\_\_\_\_
- g. Do you have medical and dental insurance coverage in place? ☐ Yes ☐ No  
If so, who is covered? \_\_\_\_\_

Questions 7 through 11 apply only for marital dissolution actions.

7. **Real Property:** Provide the following information for real property owned by you and/or your spouse. If more room is needed, attach another sheet of paper labeled as Exhibit 7A.

	Homestead	Other Property
a. Date Acquired	_____	_____
b. Purchase Price	\$ _____	\$ _____
c. Present Fair Market Value	\$ _____	\$ _____
d. Balance due on Mortgage	\$ _____	\$ _____
e. Present Net Value (c – d)	\$ _____	\$ _____
f. Monthly Payment (PITI)	\$ _____	\$ _____
g. Rental Income, if any	\$ _____	\$ _____

8. **Personal Property:** List the fair market value of the following personal property owned by you or your spouse:

- a. Checking, Savings Accounts (list)
- |       |          |
|-------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
- b. Investment Accounts, Mutual Funds, Stocks, Bonds, etc. (list)
- |       |          |
|-------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |

c. IRAs, Profit Sharing Plans, Savings Plans (e.g. 401K), Pension, etc.

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

d. Annuities

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

e. Household goods and furnishings (including audio/video/computer)

\_\_\_\_\_ \$ \_\_\_\_\_

f. Vehicles, Boats, Campers, Snowmobiles, Aircraft, Trailer, etc.:

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

g. Farm machinery, equipment, animals, crops, seed, etc.:

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

h. Business or Partnership Interests

\_\_\_\_\_ \$ \_\_\_\_\_

i. Intellectual Property, such as patents, copyrights, etc.

\_\_\_\_\_ \$ \_\_\_\_\_

j. Other

\_\_\_\_\_ \$ \_\_\_\_\_

## 9. Nonmarital Claims

Are you making any claim for nonmarital property? ☐ Yes ☐ No

If yes, list items claimed as nonmarital below:

Amount Claimed

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

10. **Life Insurance:** List all insurance policies owned by you and your spouse.

	<b>Policy 1</b>	<b>Policy 2</b>	<b>Policy 3</b>
Company	_____	_____	_____
Type (Whole or Term)	_____	_____	_____
Death Benefit	\$ _____	\$ _____	\$ _____
Cash Value	\$ _____	\$ _____	\$ _____
Loan Balance	\$ _____	\$ _____	\$ _____
Insured under the policy	_____	_____	_____
Beneficiary	_____	_____	_____
Owner of policy	_____	_____	_____

11. **Debts:** List all debts not already listed in paragraph 7. If more room is needed, attach a schedule.

Type of Debt (credit card, bank loan, etc.)	Debt Owed To	Minimum Monthly Payment	Balance Due

Are you involved in any bankruptcy proceedings? ☐ Yes ☐ No

Do you intend to file bankruptcy? ☐ Yes ☐ No

12. **Documentary Information:** Provide your three (3) most recent paystubs from your employment, your most recent Federal Tax Returns with all attachments, including W-2s and

1099s, and any statements from unemployment compensation, workers' compensation, social security benefits statements, and all other documents evidencing earnings or income received during the last three months, including any public financial assistance in money or in-kind services (grants, heating assistance, rental assistance, etc.)

**NOTE:** These documents contain your private information. To keep it private, fill out Sealed Financial Source Document (court form CON112) and use it as the cover page for your financial documents. See Minn. Gen. R. Prac. 11 for more information.

The statements made by me in this Parenting / Financial Disclosure Statement are true and correct to the best of my knowledge.

DATED: \_\_\_\_\_

\_\_\_\_\_  
Signature of ☐ Petitioner ☐ Respondent

\_\_\_\_\_  
Signature of Attorney (if any)

Attorney Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

Attorney I.D.: \_\_\_\_\_